

**Dane County SSI MC
Quality Assurance Workgroup
Minutes 1/21/05**

Present: Joyce Allen, Division of Disability and Elder Services (DDES) Co-Chair, Dr. Michelle Urban, Division of Health Care Financing (DHCF) Co-Chair, Angie Gault, APS, Mary Olen, The Management Group (TMG), Ruthanne Landsness, APS, Dr. Ron Diamond, DDES/MHCDC, Jennifer Lowenberg, NAMI, Ginny Graves, TMG, David LeCount, DCDHS, Jeff Erlanger, Wendy Kilbey Warren, Grass Roots Empowerment Project, Todd Costello, CLA, David Sievert, CLA/TMG, Cheryl Keating, CLA

Excused: Peggy Michaelis, MHCDC, Lesly Oxley, TMG, Molly Cisco, Grass Roots Empowerment Project

I. Review of the Minutes

- The minutes were accepted with no changes.

II. Update on Work Since Last Meeting and Integration of Other Efforts

- The 1915B Medicaid Waiver application should be ready to submit to CMS in mid-February. A rough draft of the quality assurance chart in the application has been filled out and will be reviewed by Dr. Urban and Joyce
- The Dane SSI Medicaid contract is currently being developed. The Milwaukee SSI MC contract is being used as a template and will be available on the DHFS website in March 2005. Until then draft language from the contract may be obtained from Peg Algar. Periodically, issues having to do with quality assurance in the contract will be brought to the workgroup for feedback. A log of suggestions for changes in contract language/policy made by workgroup members, the advisory committee and advocates has been created to provide a record of the process. Any suggestions may be e-mailed to Peg Algar at: algarme@dhfs.state.wi.us.
- An internal group comprised of the co-chairs of the Dane and Milwaukee workgroups, APS, and DHCF staff met after our last workgroup meeting to further refine the indicator grid. Indicators were grouped under the SSI MC Core Values/Goals.

III. Review/Editing of the Quality Indicators Grid

- The goal of this working meeting was to review the existing indicators in preparation for the final selection of the workgroup's recommended quality monitoring measures. DDES is federally required to collect these indicators to meet Mental Health Block Grant requirements. Since these indicators are not optional, we will plan to specify this in our recommendations, but will not include this subset of indicators in the general list from which we prioritize selected measures.

- Criteria to consider when deciding whether to select an indicator should include availability of data, as well as cost and administrative burden of collecting and analyzing the data.
- See the attached updated “Draft MCO Quality Goals and Indicators” grid for changes/edits from this meeting.

Comments on the Grid (Some of these comments are also written as notes on the grid.)

- Goal 1, Indicator 3—Court Ordered Treatment—the majority are civil, forensics is a small portion. Need to define “employment”—consider paid work only. “Decreased symptoms” does not measure subjective distress.
- Goal 1, Indicator 3—Need to determine what mental health and AODA information can be obtained through expanded HSRS module /functional screen.
- Goal 1, Indicator 3—Need to determine whether HSRS will continue to be required for both BRC populations 1 and 2.
- Goal 1, Indicator 4—Retention in substance abuse treatment is a key indicator of success. Completion of treatment correlated with improved outcomes. Need to further define employment. Wording of questions also needs to capture integrated treatment.
- Goal 1, Indicator 4—Is it possible to measure continuity of mental health services pre and post enrollment into SSI managed care? Could disenrollment data be used for this purpose?
- Goal 1, Indicator 5—How can we more narrowly define the subset of enrollees with physical disabilities? “Maintained choice of provider,” is a difficult indicator to measure. Need to discuss specifics under indicator 5 with CLA Case Management Workgroup
- Goal 2, Indicator 3—Can “Peer Support” services be addressed somehow? This is difficult as they are not conventionally billed and hard to track.—The data would be difficult to obtain.

General Comments:

HSRS and the Functional Screen

- DDES would be willing to do a crosswalk with the MH/AODA Functional Screen to explore a substitution of the Functional Screen data for the now required HSRS Consumer Status Data Set indicators for mental health.

Encounter Data

- Will claims have to be filed for each encounter even though we do not get paid for each claim?
- What action will be taken in response to poor outcomes?

Closing Comments/Questions

- How do we create an informative picture of what is occurring with the Dane County SSI MC Program?
- What questions need to be answered and who are the stakeholders involved (fed/state govt., providers, enrollees, the public, the legislature etc.)?
- What indicators are necessary to collect in order to answer these questions?
- What is the QA/QI plan? What is the timeline for implementation?

IV. Next Steps

The next workgroup meeting will be on February 16, 2005, 1:30 pm, in the TMG conference room, Suite 320, 1 S. Pinckney Street.

A revised indicator grid is attached. We ask that you rate the indicators that are not highlighted in gray with an “X” indicating whether they are “high”, “medium” or “low” priority. These rankings should be returned to Peg via e-mail (algarme@dhfs.state.wi.us) by Friday 2/11/05 so that we can move on to the next stage of choosing indicators in the 2/16/05 meeting.

Under the “Data Source” column on the indicator grid are some abbreviated terms that need to be defined. They include the following:

1. “Enc. Data (MEDDIC)”—A MEDDIC measure has been developed for the indicator and it is currently being used for quality monitoring with existing MCOs.
2. “Enc. Data (APS)”—Specifications for the measure have been developed and tested.
3. “Enc. Data”—The measure is expected to be obtainable using existing encounter data, but specifications will need to be developed.